



**TRAVIS COUNTY EMERGENCY SERVICES DISTRICT No. 2
PFLUGERVILLE FIRE DEPARTMENT**

REHAB – CHECK IN/OUT

Form Number: ADM 029a

Revision Date: 02-10-2020

INCIDENT LOCATION: _____ DATE: _____

REHAB GROUP SUPERVISOR: _____

Unit	Time In	# Of Crew IN	Time Out	# Of Crew OUT	Assigned To:	Notes:
Example: E-211	1337	4	1404	4	Div A	Held for 25 min due to work/rest ratio

At termination of Rehab Group, turn this and other completed forms over to the IC to be included in the final incident report. Use additional copies as needed.